


UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	246108US2S
	First Inventor or Application Identifier	Yasuhiko ABE, et al.
	Title	ULTRASOUND DIAGNOSIS APPARATUS AND ULTRASOUND IMAGE DISPLAY METHOD AND APPARATUS

03917 U.S. PTO
 10/724104

120103

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification Total Sheets 63 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 12 4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 2 a. <input checked="" type="checkbox"/> Newly executed (original) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of <small>(when there is an assignee)</small> Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 16. <input checked="" type="checkbox"/> Other: List of Related Cases
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: Prior application information: Examiner: Group Art Unit:	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.	
18. CORRESPONDENCE ADDRESS <div style="text-align: center;"> Customer Number 22850 (703) 413-3000 FACSIMILE: (703) 413-2220 </div>	

Name:	Marvin J. Spivak	Registration No.:	24,913
Signature:		Date:	12/1/03
Name:	C. Irvin McClelland	Registration No.:	

Registration Number 21,124



13281 120103
Pocket No. 246108US2S

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Yasuhiko ABE, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: ULTRASOUND DIAGNOSIS APPARATUS AND ULTRASOUND IMAGE DISPLAY METHOD AND APPARATUS

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	29 - 20 =	9	x \$18 =	\$162.00
INDEPENDENT CLAIMS	8 - 3 =	5	x \$86 =	\$430.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$770.00
TOTAL OF ABOVE CALCULATIONS				\$1,362.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input checked="" type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$40.00
TOTAL				\$1,402.00

☐ Please charge Deposit Account No. 15-0030 in the amount of **\$0.00**. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of _____ to cover the filing fee is enclosed.

☒ Credit card payment form is attached to cover the filing fee in the amount of **\$1,402.00**

☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: 12/1/03


Marvin J. Spivak

Registration No. 24,913
C. Irvin McClelland
Registration Number 21,124

Customer Number
22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 05/03)